

SERFF Tracking Number:	INMX-125768305	State:	Arkansas
Filing Company:	InsureMax Insurance Company	State Tracking Number:	#8800 \$50
Company Tracking Number:	19AR0808		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	AR Dec page 0908		
Project Name/Number:	/		

## Filing at a Glance

Company: InsureMax Insurance Company

Product Name: AR Dec page 0908

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Filing Type: Form

SERFF Tr Num: INMX-125768305

SERFF Status: Closed

Co Tr Num: 19AR0808

Co Status:

Author: Jennifer Capozziello

Date Submitted: 08/19/2008

State: Arkansas

State Tr Num: #8800 \$50

State Status: Fees verified and received

Reviewer(s): Alexa Grissom, Betty Montesi

Disposition Date: 08/25/2008

Disposition Status: Approved

Effective Date (New): 09/22/2008

Effective Date (Renewal):

Effective Date Requested (New): 09/22/2008

Effective Date Requested (Renewal): 09/22/2008

State Filing Description:

## General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 08/25/2008

State Status Changed: 08/25/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Enclosed is a form revision for our Private Passenger Automobile Program. Attached is a re-formatted Declarations Page to be printed from our website only. It does not replace our previously filed declarations page, FM-NDF0507, which will print from our home office for renewals, endorsements, etc.

If I can assist in answering any questions or providing any additional information regarding this update, please contact me by telephone at (877) 858-4100 x277 or by email at [jcapozziello@insuremax.net](mailto:jcapozziello@insuremax.net).

Jennifer Capozziello

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Product Analyst  
InsureMax Insurance Company

## Company and Contact

### Filing Contact Information

Jennifer Capozziello, Product Analyst jcapozziello@insuremax.net  
4976 SR 261 (812) 858-4100 [Phone]  
Newburgh, IN 47630 (812) 858-4124[FAX]

### Filing Company Information

InsureMax Insurance Company CoCode: 10922 State of Domicile: Indiana  
4976 SR 261 Group Code: Company Type:  
PO Box 607  
Newburgh, IN 47630 Group Name: State ID Number:  
(812) 858-4100 ext. 277[Phone] FEIN Number: 35-2042563  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Form filing  
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
8800	\$50.00	08/19/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	08/25/2008	08/25/2008

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## Disposition

Disposition Date: 08/25/2008

Effective Date (New): 09/22/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	INMX-125768305	State:	Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Declarations Page	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Declarations Page	FM-NDW0808	0808	Declaration New s/Schedule			FM-NDW0808 (AR).pdf

## Declarations

## Automobile Policy

Policy Period **From:** 7/8/08**To:** 1/8/09

Policy Number: AR-NS123456

Agent: 31009

This policy shall incept the later of: 1. the time the application for insurance is executed on the first day of the policy; or 2. 12:01am on the first day of the policy period.  
 This policy shall expire at 12:01am on the last day of the policy period.

Insured Name and Address

JOE CUSTOMER  
 4151 LAKEVIEW ROAD APT 3B  
 LITTLE ROCK, AR 72201

Insured Location

4151 LAKEVIEW ROAD APT 3B  
 LITTLE ROCK, AR 72201  
 501-345-9876

### DRIVER INFORMATION

No	Driver Name	Status	Date of Birth	Class	Points	Filing
1	JOE CUSTOMER	Primary	4/5/1967	SM41	4	None
2	JOHN CUSTOMER	Excluded	12/3/1988			

### VEHICLES AND COVERAGES (CONT.)

Coverages and Limits of Liability apply only to Vehicles for which a Premium is shown.  
 The limit of liability for each coverage as shown below is subject to the terms of the policy.

#### 2005 HYUNDAI TIBURON GT/TIBURON SE

VIN: <b>KMHNN65F051234567</b>	Symbol: <b>A2020</b>	Zip: <b>72201</b>	Limits	Deductible	Premium
BODILY INJURY LIABILITY			\$25,000 each person \$50,000 each accident		\$205.00
PROPERTY DAMAGE LIABILITY			\$25,000 each accident		\$201.00
PERSONAL INJURY PROTECTION - MEDICAL/HOSPITAL			\$5,000 each person		\$341.00
PERSONAL INJURY PROTECTION - ACCIDENTAL DEATH			\$5,000 each person		\$116.00
PERSONAL INJURY PROTECTION - INCOME DISABILITY			Statutory Limit		\$141.00
UNINSURED MOTORIST BODILY INJURY			\$25,000 each person \$50,000 each accident		\$49.00
UNDERINSURED MOTORIST BODILY INJURY			\$25,000 each person \$50,000 each accident		\$44.00
UNINSURED MOTORIST PROPERTY DAMAGE			\$25,000 each accident	\$200	\$76.00
COLLISION				\$1000	\$1,843.00
COMPREHENSIVE (OTHER THAN COLLISION)				\$1000	\$862.00
TOWING AND LABOR			\$75 each occurrence		\$15.00
RENTAL REIMBURSEMENT			\$30 each day 30 day max each accident		\$40.00
AUTOMOBILE ACCIDENTAL DEATH			\$2,000 per policy period		\$15.00
<b>Total Premium for 2005 HYUNDAI (Commute)</b>					<b>\$3,948.00</b>

Lienholder: ARKANSAS NATIONAL 3942 ELM SPRINGS ROAD SPRINGDALE AR 72762

#### 1978 FORD F-150

VIN: <b>F15JL</b>	Symbol: <b>V0707</b>	Zip: <b>72201</b>	Limits	Deductible	Premium
BODILY INJURY LIABILITY			\$25,000 each person \$50,000 each accident		\$205.00
PROPERTY DAMAGE LIABILITY			\$25,000 each accident		\$201.00
PERSONAL INJURY PROTECTION - MEDICAL/HOSPITAL			\$5,000 each person		\$341.00
PERSONAL INJURY PROTECTION - ACCIDENTAL DEATH			\$5,000 each person		\$116.00
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UNINSURED MOTORIST BODILY INJURY			\$25,000 each person \$50,000 each accident		\$49.00
UNDERINSURED MOTORIST BODILY INJURY			\$25,000 each person \$50,000 each accident		\$44.00
UNINSURED MOTORIST PROPERTY DAMAGE			\$25,000 each accident	\$200	\$40.00
TOWING AND LABOR			\$75 each occurrence		\$15.00
<b>Total Premium for 1978 FORD (Farm)</b>					<b>\$1,152.00</b>

**Policy Fee \$10.00**

Discounts: Home Owner, Multi-Car, Prior Insurance

**Total Premium \$5,110.00**

### FORMS AND ENDORSEMENTS

LPC0698

TLC0899

RRC0899

ADD0408

This Declarations Page, together with the forms and endorsements indicated, completes the above numbered policy and supersedes any other policy having an earlier inception date with the same policy number

Authorized Representative

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## **Rate Information**

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**

Approved

08/25/2008

**Comments:**

**Attachment:**

Transmittal Document 0808 Form.pdf

**Property & Casualty Transmittal Document (Revised 1/1/06)****1. Reserved for Insurance  
Dept. Use Only****2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>		
<b>4.</b>	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>

<b>5.</b>	<b>Company Tracking Number</b>	
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>

<b>7.</b>	Signature of authorized filer	
<b>8.</b>	Please print name of authorized filer	

**Filing information** (see General Instructions for descriptions of these fields)

<b>9.</b>	<b>Type of Insurance (TOI)</b>	
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	
<b>11.</b>	<b>State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing title)</b>	
<b>13.</b>	<b>Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: _____    Renewal: _____

# Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved
20.	This filing transmittal is part of Company Tracking #	

21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

[illegible]

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



[illegible]

Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate impact for this filing		
5b.	Effect of Rate Filing – Written premium change for this program		
5c.	Effect of Rate Filing – Number of policyholders affected		
6.	Overall percentage of last rate revision		
7.	Effective Date of last rate revision		
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)		
9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	